Effective on 12/08/2004.					Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL							049,733			
					Filing Date		2			
For FY 2008					First Named Inventor		awashima			
Applicant claims small entity status. See 37 CFR 1.27					Examiner Name		Jila M. Mohandesi			
					Art Unit					
TOTAL AMOUNT OF PAYMENT (\$)					Attorney Docket 0388 - 02					
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order Other Other (please identify):										
Poposit Account Name: 23-050 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s)										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card										
information and authorization on PTO-2038.										
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)										
I. BASIC FILING, S	BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES									
	Small Entity			Il Entity	Small Entity					
Application Type	Fee (\$)	Fee (\$)		ee (S)	Fee (\$)	Fee (\$)		Fees Paid (S)		
Utility	310	155	510	255	210	105		RCE- 810.00		
Design	210	105	100	50	130	65				
Plant	210	105	310	155	160	80				
Reissue	310	155	510	255	620	310				
Provisional	210	105	0	0	0	0				
2. EXCESS CLAIM FEES Small Entity										
Fee Description Fee (\$)									Fee (S)	
Each claim over 20 (including Reissues) 50									25	
Each independent claim over 3 (including Reissues) 210 105 Multiple dependent claims 370 185									185	
Munipie dependent ciams Total Claims - 20 or HP Extra Claims Fee (\$)				5)	Fee Paid (\$)		м		pendent Claims	
$\begin{array}{cccccccccccccccccccccccccccccccccccc$							_	Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.										
Indep. Claims -	3 or HP	Extra Cla	ims Fee	<u>(\$)</u>	Fee Paid (\$)					
IID = bushed a subsection	Cindonon dues o	= 0	x 0		0					
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$200 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S. C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x = (round up to a whole number)										
4. OTHER FEE(S) Fees Paid (S)										
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): Petition for Extension of Time									1050.00	
CURACTED BY										
SUBMITTED BY			7	Rac	istration No.					
Signature	Signature Schuld Spries Registration No. (Attorney/Agent) 25,996 Telephone 412								71-8815	
Name (Print/Type) Donald C. Lepiane							Date March 26, 2008			